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Social Isolation and Loneliness in Older Adults and the Experience of Gratitude and Affection

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Social Isolation and Loneliness in Older Adults and the Experience of Gratitude and Affection

In Western societies, twenty to forty percent of older adults report feeling lonely (Luo, Hawkey, Waite, & Cacippo, 2012). Social isolation and loneliness are important issues because these feelings and circumstances can develop into serious health problems. For example, Sugisawa, Liang, and Liu (1994) discovered that self-reported loneliness related to increased mortality over a three- year period, primarily as a result of increased experience of chronic diseases, reduced functional ability, and self-rated health (Sugisawa et al., 1994). These findings were supported by another study with 6,500 older men and women (Steptoe, Shankar, Demakakos, & Wardle, 2013), showing that social isolation and loneliness were related to increased mortality rates (Steptoe et al., 2013). Because of the substantial risks associated with social isolation and loneliness, it is important to understand what these terms imply.

People often refer to social isolation and loneliness as synonymous concepts. They can be related to one another, but the concepts also differ in several ways. Loneliness is “commonly defined as a negative subjective feeling that arises as a result of a discrepancy between a person's desired and actual social relationships” (Argen, 2017, p.19). It is a private experience, even though it has to do with social experiences. That is, a person may begin to feel lonely if he/she feels that their social environment is not meeting their desired expectations (Argen, 2017). Reported rates of loneliness vary between 7% to 49% among older adults, an admittedly wide variation, primarily due to researchers using different methods and types of questions to obtain their data (Argen, 2017).

Social isolation is “a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships” (Nicholson, 2009, p. 1346). Social isolation may occur at a

higher rate for older adults because of health difficulties, diminished vitality, and living alone (Nicholson, 2009). Whereas the effects of loneliness on health can be directly attributed to the emotional experience of loneliness, the effects of social isolation are associated with health and mortality mainly because friends, family members, and other social ties encourage health behaviors such as exercise, nutritious eating habits, and adequate, regular rest, either by suggestion and modeling, or as a function of increasing one's sense of "mattering" (Thoits, 2011). Consequently, social isolation can lead to such behaviors being neglected because one either has few people encouraging such behaviors or recognizes few reasons to do them (Luo et al., 2012). Nicholson (2012) estimated that the prevalence of social isolation was between 10-43% among elderly individuals who lived in communities. So, to summarize the difference between social isolation and loneliness, loneliness is the feeling that one is isolated, but social isolation is the physical absence of other individuals.

Both social isolation and loneliness involve negative feelings about one's social life and/or sense of belonging, and both can be related to reduced physical and mental well-being. However, social isolation and loneliness are also distinct concepts. A person may feel lonely, but they might not necessarily be alone. As Hawkey and Cacioppo (2010) explain, "loneliness is synonymous with perceived social isolation, but not objective social isolation. People can live relatively solitary lives and not feel lonely, and conversely, they can live ostensibly rich social lives and feel lonely nevertheless" (p. 1). Social isolation lacks engagement and contact with others, but loneliness is a feeling that one's social life is not what it should be.

Given evidence showing that loneliness and social isolation are linked to increased rates of mortality, potential remedies are important to find. Based on a number of reasons elaborated

upon below, the researchers propose that two specific qualities of social interaction, affection, and gratitude, are cost-effective and helpful solutions to this problem.

Affection

Affection, or the “internal psychological state of positive, often intimate regard for another” (Floyd & Morman, 1998, p.145), has long been conceptualized as a biological need. According to Harlow (1978), psychologists thought the only reason infants were affectionate towards their mothers is because mothers gave them food. However, the results from Harlow’s study said otherwise. He gave baby monkeys surrogate mothers that were made out of either wire or soft terry cloth, and each mother gave milk. The baby monkeys preferred the soft mother, because it appeared they could receive comfort and from touching and leaning against the cloth mother. The cloth mother calmed the baby monkeys and helped with feelings of stress they experienced during the study. The baby monkeys did not seem to find any comfort from the wire mother, even though it provided nourishment. This research indicates that infants are not just affectionate to their mothers because they give the infants something they need, rather they are affectionate because they receive comfort and security in return (Harlow, 1978).

Harlow’s research is supported by Floyd’s (2014) work on affection deprivation. According to this research, affection deprivation can cause individuals to feel more lonely, depressed, stressed, and may result in personality disorders, mood and anxiety disorders, and insecure attachment styles (Floyd, 2014). In light of these findings, it is understandable why older adults who are socially isolated might suffer a variety of health detriments - they may not be receiving the affection the biologically require.

Given the evidence supporting affection as a biological need, affection could be assumed to be an evolutionarily adaptive trait. Indeed, affection - exchange theory states that affection is

an adaptive quality, because those who were more affectionate tended to survive and procreate more often than those who were less affectionate (Floyd, 2007). Affectionate behavior helps maintain and strengthen pair bonds and helps individuals signal to potential mates that they are a capable parent because they can be affectionate to their offspring, which in turn would help the offspring survive, and so on (Floyd & Morman, 2001). Affectionate communication affects well-being in several ways: it contributes to a person's survival, strengthens bonds between others, and helps maintain important relationships in a person's life. Security and social connections contribute greatly to a person's well-being, so affection-exchange theory highlights the importance of affectionate communication.

Benefits of Affectionate Communication

Besides the mere pleasure associated with affection, affectionate communication can confer several psychological and physical benefits. For example, one study indicates that affection could potentially serve a stress-reduction function (Floyd et al., 2007). In this study, thirty participants were exposed to laboratory stressors, and then randomly assigned to three groups: an experimental condition, where the participant was instructed to write a letter to a loved one and express their affection, the first control group, where the participants were told to think about a loved one but did not engage in any communication, and a second control group who were told to sit quietly. After comparing the participants' salivary samples, the researchers concluded that experimental-group participants experienced accelerated stress recovery relative to the other two groups. Thus, communicating affection appears to have effects on well-being above and beyond only thinking about a loved one (Floyd et al., 2007).

Supporting the above finding is another study indicating that exchanging affection may be related to hormonal stress regulation (Floyd & Riforgiate, 2008). In this study, 20 married

couples were asked to submit salivary samples and provide information about their affectionate communication habits, such as nonverbal, verbal, and supportive messages they sent to their spouses. Couples who expressed affection to each other more regularly were more likely to have lower levels of stress than those who did not engage in regular affectionate communication. These researchers went on to suggest that exercises in affectionate communication could be a valuable intervention for romantic relationships and stress management (Floyd & Riforgiate, 2008).

One way by which affectionate communication might impact well-being is by fostering and strengthening relationships. For instance, Mansson, Floyd, and Soliz (2017) conducted a study on 117 young adults, in which they examined their affectionate communication with their grandparents. The results indicated that affectionate communication was associated with strengthened grandchild and grandparent relationships, and enhanced emotional and relational resources for both parties.

The above findings directly pertain to loneliness and social isolation in older adults in several ways. First, older individuals deal with many stressful situations, including financial challenges, transitions into assisted living facilities, psychological or physical illness, and/or concerns about mortality (among others). If the above findings are replicable, affection could predictably help older individuals cope with these difficult situations in both psychological and physical ways, partly by strengthening social integration, reducing loneliness, and increasing the amount of available emotional and relational resources. However, research also indicates another potential quality of social interaction that can complement affectionate expressions, gratitude.

Gratitude

Gratitude is a complex experience involving both insight into a value that a person has gained, and a potential feeling of indebtedness. According to Peterson and Seligman (2004), “Gratitude stems from the perception that one has benefitted due to the actions of another person...It requires the awareness of the beneficence of others” (p. 554, 556). Accompanied by feelings of insight and indebtedness, gratitude often prompts a person to give back to the person they feel indebted to. According to McCullough, Emmons, and Tsang (2002), gratitude is “a generalized tendency to recognize and respond with grateful emotion to the roles of other people's benevolence in the positive experiences and outcomes that one obtains” (p. 112). Thus, gratitude often motivates expressions. Similar to affection, gratitude can be expressed in several ways. It can be communicated verbally, written, or through nonverbal expression. Some examples of gratitude expression include direct communication to a person, composing a letter of gratitude, or through acts of service. Fredrickson (2001) suggests that regardless of how it is expressed, the experience of gratitude builds and strengthens social and personal relationships and communities, and fosters skills for showing love and appreciation.

Gratitude may not be a biological need like affection, but it may be an evolutionary adaptation. Algoe's find-remind-and-bind theory (2012) suggests that gratitude is important for sustaining and maintaining crucial relationships in a person's life, like those with a potential romantic partner. First, an individual finds a person that reminds them of a known relationship partner; specifically, the individual notices a certain responsive act that signals that the other person cares about them. These positive memories and emotions help the individual bind to this person. The individual expresses gratitude to the other person and the cycle continues. The find-remind-and-bind theory states that gratitude is more than an altruistic act, but also a way for an

individual to sense the potential for a particular relationship and is encouraged to strengthen them (Algoe, 2012).

Benefits of Gratitude

Gratitude appears to motivate social behavior, so its experience may help people develop relationships and pursue social interactions (Emmons & McCullough, 2003). Predictably, gratitude also relates to several positive physical and psychological effects. For example, McCullough, Emmons, and Tsang (2002) discovered that the participants who had a more grateful disposition were more likely to have positive affect and feelings, greater well-being, were more likely to be involved in prosocial activities, and have fewer negative emotions (depression, envy, anxiety, etc.). Emmons and McCullough (2003) later observed the effects of a grateful outlook on psychological and physical well-being, and in three studies found that gratitude experience increased well-being across many of the outcome measures, especially in regard to positive affect (Emmons & McCullough, 2003).

Gratitude may also help alleviate some feelings of anxiety as well. Looking at 109 participants who reported having a diagnosis of an anxiety disorder and/or depression, Southwell and Gould (2016) found that people who were induced to feel grateful over a 3-week period had lower scores of depression, anxiety, stress, and perceived sleep difficulties and higher ratings of subjective well-being at the end of the study. After a second follow – up assessment, the scores for subjective well-being, anxiety, and stress had been maintained (Southwell & Gould, 2016).

Research also indicates that gratitude experiences and expressions might hold potential implications for the well-being of older adults. In one study, for example, a gratitude intervention caused older adults to have increased feelings of well-being and decreased feelings of stress. Eighty-eight community-dwelling older adults participated in this two-week study

(Killen & Macaskill, 2014). The participants wrote what they were grateful for in their “three good things” diary that was either online or on paper. The results indicated that the gratitude intervention caused a significant increase in elderly participant’s feelings of flourishing, defined as a fulfillment of psychological needs, such as the presence of rewarding and supportive relationships, autonomy, and respect from others (Killen & Macaskill, 2014).

The studies mentioned above take the perspective of a participant who is expressing gratitude to another person. Importantly, however, gratitude also affects the person who is being thanked. In one study, Williams and Bartlett (2015) hypothesized that those who received expressions of gratitude would be more likely to pursue a relationship with the sender, even if they were not acquainted before the study. Participants in the study were separated into two groups: an expressed gratitude condition and a control condition. Both were asked to provide comments on high school student’s writing sample for their application into the college. One week later, all participants received a note from the high school students, but only those in the gratitude expression condition received thank-you letters. The results showed that those in the gratitude condition were more likely to give their contact information to their high school student to continue their relationship, supporting Emmons and McCullough’s (2003) contention that gratitude promotes social behavior. Thus, gratitude can motivate people to seek out and maintain new relationships, which is potentially beneficial to older adults, such as those who have, for whatever reason, become socially isolated. Just as one example, older adults who are transitioning to life in assisted living settings are unlikely to immediately know other residents who would be living with them or even those who work to help them. In such cases, gratitude experiences and expressions might play a role in motivating individuals to expand their level of social integration, and potentially reduce feelings of loneliness as well.

Theories Behind Affection and Gratitude

At least two theoretical explanations exist for why affection and gratitude would be important practices for elderly adults. The first of these regards why older adults might struggle with social isolation and loneliness in the first place. Socio-Emotional Selectivity Theory (Carstensen, Isaacowitz, & Charles, 1999) suggests that elderly adults focus heavily on the present because they become increasingly aware of how limited their available time is. Consequently, they tend to prioritize relationships with those with whom they have a long, shared history. They also seek out complex emotional experiences in the relationships they choose to pursue.

Carstensen, Isaacowitz, and Charles (1999) writes, “The perception of time plays a fundamental role in the selection and pursuit of social goals. According to the theory, social motives fall into 1 of 2 general categories—those related to the acquisition of knowledge and those related to the regulation of emotion” (p. 165). Essentially, the theory explains that knowledge-related goals are prioritized when time is perceived as open-ended (e.g., during youth). In contrast, emotional goals assume primacy when time is perceived as limited, such as during older adulthood (Carstensen, Isaacowitz, & Charles, 1999). As such, elderly individuals tend to prioritize relationships that will help fulfill their emotional goals; those that are based on shared histories and offer emotional depth and quality. These relationships may include those with spouses, close friends, children, grandchildren, etc. If they are unable to pursue these relationships for any reason, elderly individuals would predictably become discouraged and/or withdrawn from others.

Although Socio-Emotional Selectivity Theory makes no predictions that older adulthood, by itself is perceived as a negative experience, it does offer an explanation for why it could be.

In essence, conditions under which older people are unable to pursue goals that have become prioritized is likely to result in negative emotional experiences, in this case, loneliness. As such one might reasonably look for explanations for why or how gratitude and affection might remedy such experiences.

Keeping in mind the above findings of affection and gratitude, the Broaden and Build Theory of Positive Emotions (Fredrickson, 2006) explains that positive emotions have the ability to broaden people's attention and thinking, fuel psychological resilience, encourage creativity, undue adverse effects of negative emotions, and build personal resources. More specifically, she writes that "positive emotions widen the array of thoughts and actions that come to mind... [and] broadens habitual modes of acting and thinking" (Fredrickson, 2006, p. 173). Fredrickson further states that "Individuals who express or report higher levels of positive emotion show more constructive and flexible coping, more abstract and long-term thinking, and greater emotional distance following stressful negative events" (Fredrickson, 2000, p. 9). Additionally, positive emotions have the ability to alleviate depressed moods and encouraging positive coping skills and increase people's enduring personal resources with time and practice. These personal resources include "intraindividual resources, like increased psychological and physical resilience, and interpersonal resources, like enhanced social relationships, which can be the locus of both pleasant activities and positive meaning. Taken together, these resources—gained through positive emotion experiences—can enhance health and well-being" (Fredrickson, 2000, p. 16).

The Broaden-and-Build Theory applies to older adults dealing with loneliness and social isolation because it predicts that positive emotions can build and broaden personal resources. Personal resources include but are not limited to social support, resiliency, and coping skills.

Social support is augmented by positive emotions because they include emotions like interest and love, which often involve other people. Positive emotions like these encourage others to draw near to each other, unlike negative emotions such as anger or resentment, which may discourage others from being involved with another person. Engaging in positive emotions on a regular basis will promote strong social connections (Fredrickson, 2001). Resources related to resiliency and coping skills can be crucial for those who are dealing with loneliness and social isolation. As previously mentioned, feeling lonely and socially isolated takes a toll on a person, and many older adults deal with potentially isolating disorders such as dementia or Alzheimer's disease. Yet, the odds of a person thriving in the face of adversity increase significantly when they have good coping skills, and the Broaden-and-Build Theory proposes that positive emotions can promote such mental resources. Thus, those suffering from these disorders may benefit from engaging in intentional activities that stand to promote the experience of positive emotions.

The current study

Expressions of affection and gratitude appear to be remedies for loneliness and social isolation in older adults. Affection is a biological need, and is adaptive for human survival, partly because it promotes the formation and development of social and personal relationships (Floyd, 2007). Gratitude is not a biological need like affection, but it may be an important part of elderly adult's feelings of well-being. In particular, gratitude encourages social interaction, decreases stress and anxiety, and helps individuals feel in control of their lives (Emmons & McCullough, 2003, and Killen & Macaskill, 2014). Socio-Emotional Selectivity Theory states that individuals' goals and motivations change as people begin to perceive that time is running short. Under such conditions, people become increasingly motivated to pursue rich and emotionally enhancing relationships, as opposed to younger individuals, who tend to be more

strongly motivated pursue knowledge-related goals, as a function of the perception that time is a continually available resource (Carstensen, Isaacowitz, & Charles, 1999). Fredrickson's Broaden and Build Theory of Positive Emotions complements socioemotional selectivity theory by explaining that positive emotions such as gratitude and affection are beneficial for older adults. Basically, positive emotions broaden and build people's cognition, and motivate people to explore and broaden their ways of thinking (Fredrickson, 2001). These motivations and enhanced capabilities may be very beneficial to older adults struggling with various illness and life situations, particularly those that increase the risk of social isolation and/or loneliness.

Currently, no studies exist on the effects of communicating gratitude and affection in populations of older adults who struggle with loneliness and social isolation. If the positive benefits of communicating gratitude and affection are indeed possible, research should be conducted to examine their impact on older adults. So, the researchers conducted an exploratory study in Missoula, Montana that sought to answer the following research questions: How do older adults perceive social isolation and loneliness? What experiences do elderly people associate with affection and gratitude? To what extent do elderly individuals who are socially isolated see themselves as such? What experiences of affection and/or gratitude do elderly individuals typically remember receiving? Which persons do elderly individuals associate most strongly with feelings of affection and/or gratitude? How do elderly individuals typically handle situations where they feel socially isolated and/or lonely?

Method

Participants

For our study, the researchers were able to recruit 15 participants. Two audio recordings were inaudible, so the researchers were only able to transcribe 13 interviews. Eleven out of the

13 interviews were self-identified females. Ten out of the 13 participants identified themselves as Caucasian. Two participants identified themselves as “mixed ethnicities”, and the last participant identified themselves as Native American. The average age of the participants was 71. The ages ranged from 62 to 83. Only two out of the 13 participants were married at the time of the study. The participants were recruited for this study with the help of Missoula Aging Services, who distributed the flyers created by the researchers.

Materials

For this study, the researchers created their own interview questions based on the research questions previously listed above. They also created consent forms, which were given to participants before the interview. Audio recorders were brought to each interview, so later the interviews could be auto-transcribed by Temi, an encrypted, artificially intelligent transcription service.

Procedure

The researchers began the study by creating a flyer inviting older adults to participate in an interview about “social life in older adulthood.” If an individual stated they were interested in participating, they were contacted by phone and set up a time to meet at Missoula Aging Services or at another location if necessary. On the day of their interview, participants signed a consent form. They also were given a copy of the consent form so they would have the researchers’ contact information if they had any further questions. Then the participant was asked the interview questions. At the end of the interview, they were thanked for their time. The interviews spanned over a time of 33 days. The total number of minutes for the interviews was 551, with an average interview time of 46 minutes. After all the interviews had been conducted, the researchers edited the transcriptions of the interviews from the auto-transcription service and

looked for patterns in the answers given that were relevant to the research questions. There were 200 pages total of interviews by the completion of the study.

Results

The answers given to the interview questions reflected each person's unique perspective. Participants shared advice, personal stories, and opinions on a variety of topics. Relevant to this study, however, the researchers uncovered separate but overlapping experiences that give rich answers to the research questions posed.

Research Question 1: How do older adults perceive social isolation and loneliness?

In response to our questions about social isolation, many participants answered that social isolation is a choice. One female participant, age 66, said when asked what came to mind for her when she heard the word social isolation is "To me, that's voluntary." Participants seemed to classify that choice as either intentional or situational. Common examples given by participants were "Somebody who doesn't go out with others or get involved with other people", and "You restrict yourself from others". A situational choice to be socially isolated was best summed up by a female participant, age 69: "[It's] one thing to be in your house and enjoy being at home and there's one another side to that as being in your home and stuck in your home". A 62-year-old participant stated that social isolation is "What happens pretty much to a lot of people as they age."

While many participants appeared to recognize that social isolation and loneliness are separate experiences, they tended to combine loneliness with social isolation. For example, one male participant, age 73, said: "Well, being lonely is when you just sit there and you have nobody to go see, nobody to socialize with or mix or mingle with." Another male participant, age 70, said loneliness is "Not having physical contact with other people." A 71-year-old

participant summed up this point best: “It's a continuum from [social isolation]. It is related. It's in the same neighborhood and loneliness is being cut off.”

Unlike social isolation, most participants viewed loneliness as a negative experience. One 66-year-old participant described it as “Dark. Sad...lost.... Lonely is worse than being alone. Because it's just so, um, it's so harsh.” A 73-year-old participant said: “It's got to be kind of scary I would think. Just to be, they have nobody to turn to or... that's a negative.” “It's just like not feeling needed or not feeling like you belong” is how a 69-year-old interviewee described loneliness.

Another conclusion the researchers came to from the interviews is loneliness is a biological, psychological, and social experience. It affects overall well-being. Loneliness can be psychological because it often comes with depression, as some of our participants mentioned: “I was very, very lonely and depressed...”, and “So, you get depression, if you just sit, because then your mind starts to think and you think all negative things, that's when you worry more about your aches and pains, I think.” It is a social experience because loneliness makes people believe they have no one in their lives. “So, loneliness is if you feel like there's, there's no one that could be there for you if you need them for certain things, there's no one you feel like you could call.” “You could just, even with people that are close to you, I think you could possibly still feel lonely, maybe.” Loneliness is also a biological experience because it brings to mind “biological problems” that a person may be having. In the quote above, when the participant mentioned depression, he also mentioned how you begin to worry more about your “aches and pains”. Many participants said that volunteering helps them not be lonely and takes their mind off of their own problems (see quotes in later sections).

Research Question 2: What experiences do elderly people associate with affection and gratitude?

The experiences of gratitude and affection for older adults are oftentimes intertwined. When the researchers asked participants about times either they were given or received gratitude, they often mentioned affectionate expressions. This reflection leads the researchers to believe gratitude often prompts affectionate behaviors. For example, when asked how she expressed gratitude to the people she felt the most grateful toward, a 77-year-old participant said: “Of course you give them gifts, phone them, go visit them.” One female participant, age 71, said that you can express gratitude by saying “I love you”. A few participants mentioned giving gifts on birthdays was an expression of gratitude.

The responses given by the participants emphasized that expressions of gratitude and affection that are nonverbal/indirect are just as meaningful as expressions that are verbal/direct. In conjunction with the answers above, some other participants mentioned simply being there for other people is a sign of affection or gratitude. Case in point, one participant said that for her family, she “[shows] gratitude to them by being with them”. Another participant said a way that she demonstrates gratitude is by “being a good friend - it's being there when somebody needs [you]”.

Many answers relating to this research question also referred to time-bound experiences. Said another way, many of the participants the researchers talked to were grateful for certain experiences or situations because they recognized that they didn't have much time left. One participant, age 78, said “But as you get older and all your medical problems start happening, you just hope that you make it to the next year, even, to your next birthday. So, you're very grateful for that, that you can breathe, that you can walk, talk, chew gum, you know.” Another

participant, age 72, said: “You're grateful you wake up in the morning for another day.” This participant, age 69, summed it up perfectly: “Now I sort of I'm seeing that I am probably going to die sometime... the affection that we show for each other sometimes among friends is not because we really consciously think this might be the last time, but I think we go for it...our affection [shows], you know, the rituals of what we do are stronger because there is always a chance it's going to be the last time we see each other for all of us”.

Experiences of gratitude mentioned often included comparative awareness, or said another way, the ability to be able to look beyond oneself. These are a few examples: “God, I feel so blessed to be able to take a bath. In prison you can't take a bath, you know...” “With everything that's going on in the world right now, and even in our country, I'm grateful that I have a warm house, plenty to eat, and that I can pay my bills.” “Being a free, white American, there's a lot of gratitude in that.”

Experiences of both gratitude and affection often had to do with the social connections participants had. For example, being grateful for friends and family was a common answer to “What are you the most grateful for?” and “Who do you feel affection for?”. For those individuals who volunteered as a foster grandparent or senior companion, the people they helped were mentioned as well. One gentleman, who is a foster grandparent, said this: “My family, my grandkids, of course. Now it's that school thing because, God, I just love them to death.”

Research Question 3: To what extent do elderly individuals who are socially isolated see themselves as such?

The surprising answer to this question is yes, in regard to the individuals interviewed. In fact, some participants do not see social isolation as a negative state. One participant, age 66, said: “I choose that and that's what refreshes me is social isolation.” When asked later if she

thought social isolation was a bad thing, she said “No. I just, when you say social isolation, I just looked at the opposite where the social connection is just out of control.” A few participants compared social isolation to having “me time”. When asked whether there is a difference between “me time” and social isolation, one 72-year-old participant said “I don't think there's any, it's a choice... When you want "me time" by yourself to do whatever.” A 78-year-old participant said, “I don't think it's being isolated. No, it's “me time”. It's not being lonely. It's being alone, for a change. And I do that like sometimes.” The participants were very clear and honest about their “isolation”. One factor that made “social isolation” not a negative state for these participants is they see isolation as manageable. Because it is a choice, not something forced upon them, it is not something to be afraid of.

Research Question 4: What experiences of affection and/or gratitude do elderly individuals typically remember receiving?

When describing experiences of affection and gratitude, elderly individuals spoke on common themes which included acknowledgment, acts of service, connection, direct experiences, touch, and “warm fuzzies”. The following are a few examples of acknowledgment the researchers heard from the participants: “Well, yeah, I mean, people all the time at [work] thanked me profusely about helping them, you know, taking the time to help them.” “My oldest granddaughter, my 15-year-old at Christmas...She just told me how important I was to her...it was, gosh, it was, it was just so sweet and touching.” “And his mother who I never got along with who I really did not like, and she didn't like me. Because I've taken care of her, she's totally changed, and she has expressed that she was wrong, and she appreciates that I'm keeping her alive and in a house...” Acts of services included children making dinner for parents, a daughter

taking care of her mother after cataract surgery, and a bus driver making sure the participant was able to safely get off the bus when there was a suspicious character following her.

Feeling connected to others was a common experience of feeling gratitude and affection. For example, when one male participant, age 70, was asked how his wife showed affection to him, he answered: “She would know what I'm thinking before I said it.” When the researchers asked one participant, age 69, how it makes her feel when people express gratitude to her, she said “Oh, it makes me feel great... I wouldn't want to have a job where I couldn't really connect with people and try to help them on one level or another. You know, a human level.” Another woman, age 71, replied “When I meet my friend on Fridays, I mean like we just practically run to each other and, and put our arms and we'd sit there and we kind of rock each other, you know, and we're hugging, because we're really happy” when the researchers asked her if she had anyone she expressed affection to. Participants mentioned direct experiences of affection and gratitude more than indirect experiences. There were only a few instances where a participant mentioned a phone call when asked about a time that they had gratitude/affection expressed to them, and none where someone didn't directly express their feelings. Many participants also mentioned instances of gratitude and affection where they received physical touch, mainly hugs. “One of the gals...came up and gave me a hug and just said, ‘I'm thinking about you’, you know, and to me that's kind of gratitude of a friendship.” “At [the shoe store], they're two young women there who have always give me a big hug when I come in, so I get my hugs in for the day.” Finally, the elderly individuals interviewed feelings such as “it makes me feel good” and “warm and fuzzy” when the researchers asked how it made them feel when someone expressed gratitude or affection to them. A few participants described it as “coming from the heart” and “heartfelt”. One participant, age 71 summed it up perfectly: “Your whole body is involved.

Kind of like when a dog wags his tail, you know, he's wagging his tail, but the whole body is engaged.”

Research Question 5: Which persons do elderly individuals associate most strongly with feelings of affection and/or gratitude?

The most common answer was the participant's children. If the participant had grandchildren, they were mentioned before the children. Spouses did not make the list very often, unless the participants were currently married at the time of the interview. A few participants also mentioned their siblings. After family, friends was another common answer. One woman, age 69, said “I began to realize girlfriends are really important. They are like really what keeps you together.” Another participant, age 77, said “You know, when you're together for 50 years, you share a lot. You go through a lot, and we express that a lot to each other how grateful we are.”

Co-workers were mentioned by a few participants. One woman, age 66 said: “Oh, the boss I had was really always in my corner and so many people [at my work], lots of support and mutual care.” Another 69-year-old said her manager was a person she was especially grateful for. Those who volunteered at Missoula Aging Services mentioned they felt affection/gratitude to their fellow volunteers as well. There were also many experiences mentioned between caregivers and “caregivees”. During one interview, a “senior companion” and her “client” were interviewed together, and they mentioned how much gratitude and affection they felt for each other. A participant, age 70, who is apart of the Meals on Wheels program mentioned how grateful he is for the people who volunteer: “[It] causes me to be disciplined.” Many of the foster grandparents mentioned being grateful for the kids they interact with. For this woman, age 62, “working at the school...it's kept me going when I needed it.”

Research Question 6: How do elderly individuals handle situations where they feel socially isolated and/or lonely?

Most of the participants felt that the best way to overcome social isolation and loneliness was just to take the initiative to overcome the challenge. Many had the “pull yourself up by your bootstraps” attitude: “No, it's just that there's so much out there. There's no need for you to feel that way if you set your mind to it.” (Age 83), “You know, if you want to do something, don't stop yourself” (Age 69), “I can tell myself, ‘Okay, that's enough. You know, that's enough. Now, get out of it, go do something.’” (Age 72). Many people mentioned that they would “invite people over to their house”, or go out and be around others, because as one participant said, “Be around other people and forget about what you're don't want to do or your problems.” Most of the participants said the same thing, but in a different way. They seemed to recognize that being around others shifts their focus from themselves onto others and helps them re-appraise their situation. Other times, these individuals will “honor their feelings” and accept some days-they will feel lonely, but it will pass. Finally, the participants emphasized how volunteering had changed their perceptions; in a way, finding their “purpose” helped them not be socially isolated or lonely. When asked if they thought a lack of purpose was a reason why some people may feel lonely, one female participant, age 72, said “Oh yeah, definitely. When they feel worthless or when nobody cares, or they don't have other people around them or anybody to show them affection.” Another participant said “Oh, my volunteer work does a lot for me...otherwise I would be isolated. And so that brings me a lot of joy. There's been a lot of times I'm on my way to a client's house and, uh, this kind of skips through my head. ‘I'm so glad I do this. Otherwise I was sitting on that damn couch.’ This is getting me out there making me engaged, you know? So that brings me happiness.” One participant recently lost her husband, and she said this about

going back to being a foster grandparent: “It just, it gave me a purpose to get back into life and not be lonely.”

Discussion

The purpose of this study was to examine and describe the experience of social isolation of older adults living in Missoula, Montana and assess the potential for affection and gratitude practices in mitigating feelings of loneliness; more importantly, are gratitude and affection practices the best way to solve these problems? Since affection and gratitude have several benefits on well-being, these positive emotions may be a low-cost option for older adults who are dealing with negative states of loneliness and/or social isolation.

The results of this exploratory study have several implications. First, social isolation may not be as big of a problem compared to loneliness for older adults, despite what some research has shown (Nicholson, 2012 & Steptoe et al., 2013). Loneliness was often described by participants as negative and emotionally painful, while social isolation was described as a choice, a good thing, and “me time.” These results could be explained by Fredrickson’s Broaden and Build Theory. Since negative emotions narrow an individual’s mental focus, perhaps the negative effects of loneliness cause the person to focus on their own problems and cause them to develop a negative cycle of thinking. These effects are contrary to positive emotions, which undo the harmful effects of negative emotions (Fredrickson, 2006). A participant reflected this attitude in the following statement: “...then your mind starts to think and you think all negative things, that's when you worry more about your aches and pains.” Socio-Emotional Selectivity Theory may also explain this result of this study: an older adult who is feeling lonely because they are unable to connect with those they want to is very detrimental. The theory does not mention the negative effects of social isolation as it does for loneliness (Carstensen, Isaacowitz,

& Charles, 1999). Choosing social isolation may not have this effect because it reinforces feelings of autonomy and control (Teshale, Molton, & Jensen, 2019). With the results of this study in mind, perhaps interventions focused on older adults in Missoula, Montana should concentrate on eliminating feelings of loneliness older adults are experiencing. However, the researchers do not want to generalize this sample size to the entire older adult population living in Missoula, so more research should be done to confirm this observation.

It also appears from the study that the experience of gratitude and affection is not only a positive emotional experience, but it is a whole-body experience. In the results section, a category the researchers discovered was the “warm fuzzies.” Experiencing and expressing gratitude and affection produced a physical response. These findings complement studies done by Floyd, who found that expressing affection lowered hormonal stress regulation, which is a physical and emotional experience (Floyd et al., 2007 & Floyd & Riforgiate, 2008). Perhaps the experience of positive emotions should not be considered only an emotional experience, but also a physical experience as well. This may explain why emotions such as gratitude and affection have such a positive impact on a person’s well-being (Emmons & McCullough, 2003 & Fredrickson, 2000).

The researchers also found that the experiences of gratitude and affection are often intertwined: put another way, when a person expresses gratitude, it often prompts an affectionate response. The participants in this study did recognize that there is a difference between gratitude and affection, but there was often no distinction between the feelings that accompanied the experiences. For example, affection and gratitude both make a person feel good and have the “warm fuzzies.” Several participants mentioned how they would express their gratitude for another person by saying “I love you,” giving a hug, or offering support. These findings connect

to Fredrickson's Broaden and Build theory because no matter the positive emotion, they increase "personal resources", like social support and resiliency (Fredrickson, 2006). Considering these findings, it may make sense that a person would receive similar benefits no matter the positive emotions they are expressing, and maybe when a person feels one emotion, it can be conveyed through several unique behaviors. This observation prompts the following question: can an individual express gratitude without affection, and vice-versa?

If a future intervention utilizing gratitude and affection is implemented, more research should be conducted due to a few limitations in this study. A bigger sample size of participants that is an equal number of male and female participants would hopefully lead to more well-rounded results. Recruiting participants that are not already involved with Missoula Aging Services may give the researchers more opportunities to talk to individuals who may be truly isolated and lonely. Many participants in the current study recognized that their volunteer work helped them not be socially isolated or lonely, so that may have biased the results found. Despite these limitations, this study has given the researchers a starting point to begin to help older adults in Missoula with the issues of social isolation and loneliness.

Conclusion

Research has shown that social isolation and loneliness are serious problems affecting the older population. Even if older adults do not see social isolation as an issue, as the results of the current study indicate, loneliness is a negative feeling that should be avoided for general well-being. Studies like this are important because the concepts of social isolation and loneliness need to be understood from the point of view of the participant, not the researcher. As the researchers observed in the study, the layperson's definition of a concept may be different from how scholars define it, and in order to solve the problem, researchers need to be speaking the

same language as the participants. Social isolation and loneliness have a variety of solutions that could be suggested to solve the negative effects they impose. However, gratitude and affectionate expressions may be simple solutions. They are low-cost, high benefit practices that are often overlooked. Therefore, continued research in this area will enable families and friends to employ the best approach to encourage older adult's health and well-being, as well as giving older adults themselves access to these practices to promote a positive emotional and physical state.

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